

ARIZONA DEPARTMENT OF HEALTH SERVICES, OFFICE FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS  
TBI/SCI/CYSHCN BILLING AND INVOICE PACKET  
MONTHLY MEMBER ACTIVITY REPORT  
CONTRACTOR NAME:  
ADHS CONTRACT #  
BILLING MONTH:

State Fiscal Year 2008

ADHS PO#

Date:

PROGRAM	Number of ISPs Completed	Number of Review of the ISP Completed	Number of Intakes	Number of Exits / Transfers
TBI				
SCI				
CYSHCN				
TOTAL				

Members Linked to Other Services/Programs

Last Name, First Name	Program	Referred To	Referral Date	Status	Comments

Program: T=TBI, S=SCI, CYSHCN  
Status: A=Accepted, D=Denied, P=Pending

Member Data

Member Data	TBI	SCI	CYSHCN	TOTAL
Number New/Enrolled - Intakes				
Number of ISPs				
Number of Review of the ISP				
Number Transferred / Closed / Discharged - Exits				
Number Referred to Other Services				
Number Pending Other Services				
Number Accepted Other Services				
Number Denied Other Services				
Total				